

**Children's Administration Review
Of Issues Raised by
Stevens County Prosecutor Regarding Colville Division of
Children and Family Services Office**

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Submitted by

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Overview

On March 18, 2009, Stevens County Prosecutor, Tim Rasmussen, wrote a letter to Governor Christine Gregoire, Attorney General Rob McKenna, numerous legislators and others summarizing his recent investigation of the Stevens County Children's Administration Office in Colville. Mr. Rasmussen stated his investigation was the result of a request by Representative Joel Kretz following complaints his office had received regarding CA's Division of Children and Family Services (DCFS) Colville office.

Mr. Rasmussen's letter stated his inquiry into several cases and information obtained from people he had contacted resulted in a conclusion that *"...a pattern of misconduct exists within the local office that has resulted in corruption of the meaning of statutes that are in place to protect dependent children. ...parents and foster parents are not well served by the Colville DSHS office."*

Interim Children's Administration Assistant Secretary, Randy Hart, requested a review of practice in the cases referenced in Mr. Rasmussen's letter as well as an assessment of CA's community relationships in Colville. The review team consisted of three CA staff members; Marilee Roberts, Practice Consultant, Chris Parvin, Constituent Relations Program Manager and Laurie Alexander, Area Administrator, Region 3.¹

Mr. Rasmussen made reference to a number of cases in which CA was involved but did not identify any by name. With the assistance of staff from the Colville DCFS office, cases were identified based on the descriptive nature of the information in Mr. Rasmussen's letter. A thorough review of these cases was completed by the review team including a review of practice and procedures, service delivery, placement decisions, and case planning. In addition, the review team contacted and interviewed care providers (relative and foster parent); community services providers, and court officials.

The following is a summary of information gathered from a review of these cases and interviews conducted by the review team during two on-site visits to Colville in March and April 2009.

Summary of Interviews²

Community Providers

Several interviews were completed with local community providers (contracted therapists, child advocates, law enforcement, Child Protection Team members, and public health and court officials) to evaluate the working relationship between the Colville DCFS office and providers in Stevens County. Many of the providers interviewed acknowledged that regardless of the leadership employed by CA, it is the nature of the

¹ Region 3 is in western Washington and Ms. Alexander has no supervisory relationship with the Colville DCFS office.

² Appendix A at the end of the report provides a list of individuals interviewed during the course of this investigation.

community to second guess their decisions merely because of the issues inherent in the work involved.

A general consensus of the community providers, with the exception of the Stevens County Court Appointed Special Advocate's (CASA) office, indicated the local office leadership has improved considerably over the last 12-18 months. Leadership stability, increased community outreach and education, particularly in the southern part of the county, have assisted in increasing communication and understanding the role of CA in the community. Many of the providers stated the work that has occurred recently by the Child Protective Services (CPS) and Child and Family Welfare Services (CFWS) supervisors has provided a more open venue to discuss cases regardless of professional viewpoint (i.e. agreement or disagreement with the case plan).³

Providers asserted CA should make a concerted effort on behalf of both local and regional management to foster positive community relations. The front line supervisors are trying to do this; however, their workload makes it difficult to sustain these efforts at a level that is recommended by the community. One provider stated *"CA must learn to 'positively manipulate' the community to ensure child health and safety. The leadership to negotiate and resolve is not sufficient at this time."* Another community partner said, *"Community relationships, which if developed appropriately, can enhance community partnerships and benefit all systems within the community."*

Additional issues addressed include systemic deficits which were identified as an area that is hindering the development of positive community relationships. Staff turnover, frequent policy updates, practice changes and reactive management from DCFS makes it difficult for CA staff and communities to adjust to constant changes.

Recommendations by providers centered on enhancing existing relationships by consistently communicating and being cognizant of the on-going need to foster and develop strong partnerships. Of utmost importance to providers was the need to increase information sharing to support children and families. Community education, communication and strong leadership were areas which several providers stated can improve the community's perception of CA. One provider said, *"Education and communication can affect the communities' perception of CA and does not have to compromise a family's right to confidentiality."* Several strategies were recommended by providers:

- Recruit and establish a neutral Child Protection Team facilitator in the northern part of Stevens County⁴.
- Utilize prognostic and Child Protection Teams more to support service delivery and to guide key decision making on cases.
- Ensure all case file information is made available to Child Protection Team members during staffings.

³ CPS and CFWS are units within the Colville DCFS office.

⁴ Currently a DCFS supervisor oversees and facilitates CPT in the northern part of the county. A community member serves as the chair of the CPT operated in the southern part of the county.

- Educate the community as a whole on the role of Children's Administration through public education forums.
- Re-contact referents making reports of child abuse/neglect, particularly in cases where the referent is a mandated reporter.
- Network with local providers, particularly local medical providers and a child's primary care physician, to not only gather information for cases, but to establish and maintain positive working relationships. This would limit the perception CA 'shops for decisions' from providers outside the county as opposed to local professionals.
- Employ decision making strategies that represent shared decision making.

Some providers identified the most contentious relationship in the community at this time is between the Colville DCFS office and the Stevens County CASA Program. The origin of the conflict was unclear; however, many acknowledged this was a pivotal relationship in their community that required significant re-building.

Care Provider Interviews

Review team members interviewed both relative care providers and foster parents. The families interviewed provided care to children involved in the cases Mr. Rasmussen referenced in his March 18, 2009 letter. Some care providers described tenuous relationships with either Stevens County CASA or DCFS. A significant number of families reinforced issues raised by community providers in that communication and information sharing were often the focal point of issues between them, the CASA and DCFS.

A relative care provider stated the initial placement of relative children in their care was often stressful because of both the CASA and DCFS staff. Initially their relationship with DCFS was not positive. Due to scheduling issues the relative care provider asked to change schools for one of the children in order to logistically cover all the bases with the children and their own respective work and school schedules. The relative stated DCFS staff were resistant to changing the child's school. She stated the stress of working with DCFS and trying to meet all their obligations made things very difficult and they believed they were given an ultimatum to keep the child in the same school or risk moving the children. All three children were later removed and placed in a foster home.

When the children were later removed from this foster home, the former relative care provider requested the children be placed again with them. The relative care providers were extremely frustrated in not being able to see the children while they were placed in the foster home despite repeated requests for visits. The relative care providers were eventually asked if they would be willing to provide care for one of the children, which they readily agreed. They repeatedly attempted to make contact or be allowed contact with the siblings (placed elsewhere); however, it took sometime for this to occur. The relative care provider stated issues have been resolved with DCFS and visits with siblings are positive and beneficial for all three children.

The relative care providers said their issues now are with the CASA who is not in favor of third party custody for the one child residing in their home. The relative care provider stated the CASA does not share information with them and has attempted to take the youth out of school without their knowledge to meet with her. The relative care provider stated the CASA states they are not in favor of the other children's placement despite how well they are doing. The relative care provider believes the CASA has attempted to sabotage the placement of the children and feels some actions by the CASA have been unprofessional and unwarranted. This relative care provider is currently pursuing third party custody with the support and assistance of DCFS and hopes to have some resolution soon.

Another family said they believed personal relationships amongst professionals have influenced professional judgment. The family acknowledged it is not uncommon in small rural communities, like Stevens County, for professionals to know one another socially. They stated in such circumstances it is imperative individuals are cognizant of their roles and diligently strive to ensure objectivity and professionalism within those roles. This particular family believed relationships became enmeshed, clouded professional objectivity, and did not allow for a fair and just evaluation of children in their home and their need for permanence.

Several families interviewed stated it is important that DCFS be open to sharing information as allowed. In particular, families referred to the sharing of any and all information DCFS has available regarding a child at the time of placement. They are aware additional information, based on the child residing in their home, will surface, but they believed oftentimes information was known to the social worker and not passed on to them. This affects their ability to prepare for possible emotional and behavioral issues, and to parent appropriately. Relative care providers advocated for DCFS to offer supports for children in their care to prevent removal from their home.

It was also stated by several care providers that their relationship with DCFS worked well as long as they did not challenge decisions or express disagreement with a course of action that could affect the care of a child in their home. Although aware that CA is required to work diligently with biological families for reunification purposes in dependency proceedings, some care providers believed reunification is not always in the best interest of the child which was contrary to efforts being pursued by the Colville DCFS office.

Several suggestions were made as a means to improve communication between care providers and DCFS:

- Provide all information known about a child at the time of placement, especially information known about primary care physicians, adjustment patterns, sexualized behavior, etc.
- Readily use Family Team Decision meetings to ensure quality of care and communication. Be open to developing a plan rather than presenting an established plan.

- Provide in-home support services to assist in parenting and preserving relative placements. Provide supports that offer insights into parenting techniques, understanding the effects of trauma on child development, behavioral modification plans, etc.
- Be open to alternative points of view and possible solutions that may be different than what the department is proposing. Consider creative options to ensure best interests of the child.
- Provide notification of a child's removal from a foster home as directed by policy, i.e., five day notification.
- Return phone calls and follow through on tasks and requests in a timely manner that affects a care provider's ability to provide care.

Stevens County Court Appointed Special Advocate (CASA) Office

Following interviews with several community providers, the CASA office, and DCFS staff it is clear there is a significant underlying issue in Stevens County in the relationship between the DCFS office and the CASA's Office.⁵

The director of the Stevens County CASA office said the relationship between DCFS and CASA began deteriorating in the last year. The CASA director stated up until approximately one year ago the relationship was positive; however, with the onset of a highly contentious case that highlighted differences between the CASA office and DCFS and changes in legal representation from the Office of the Attorney General (AGO), the relationship began to deteriorate and at this point is "*not in good standing*."⁶ She cited three areas which appear to have affected the working relationship: a lack of communication, perceived misunderstandings, and conflict of interest regarding a specific case.

According to the CASA director, one such issue arose when CASA notified DCFS that the daughter of a foster parent requested to complete her Masters in Social Work practicum with the CASA program and be supervised by one of two paid CASA employees. The CASA director said DCFS was aware of and agreed to support the young student's practicum with the knowledge that she was the daughter of a foster parent and under the age of 21. The CASA director stated they notified the Superior Court Judge, who at the time was the appointed supervisor of the CASA program, of the student's age, and with DCFS' agreement, the court approved the practicum placement.⁷ The CASA director stated the supervising CASA was not the assigned CASA for the children placed in the foster home where the practicum student resided. The CASA director contends when they learned CA had concerns regarding the practicum, the student changed her practicum and was no longer involved in cases in Stevens County.

⁵ Court Appointed Special Advocates (CASAs) are volunteer guardian ad litem appointed by the court to represent the best interests of children in dependency proceedings. The court refers the case to the CASA program which selects the individual CASA for a particular case.

⁶ Legal representation for the Colville DCFS office in juvenile court proceedings is provided by Assistant Attorneys General from the Spokane Office of the Attorney's General's Office.

⁷ On February 9, 2009, Judge Baker announced the Juvenile Court Administrator would now oversee the CASA program and she would no longer be the assigned supervisor.

The CASA director also stated the foster parent whose daughter was initially assigned to complete her practicum with their office was a licensed therapist and overseeing the practicum of one of the paid CASA staff. Again, the director stated DCFS was aware of the relationship and initially did not object to the arrangement.

The CASA director stated that shortly after the issue of the practicum supervision emerged, CA received several referrals regarding this same foster home and the care and treatment of dependent children placed in the home. Allegations regarding withholding food, inappropriate discipline and not reporting changes in their household initiated several licensing and Child Protective Services (CPS) investigations. It was when issues related to the practicum student's family arose that DCFS objected to the student's practicum placement with the CASA office.

The resulting Division of Licensed Resources (DLR) CPS and licensing complaint investigations resulted in action revoking the foster home license⁸ and removal of foster children from the home. Based on the decisions by CA (both Spokane DLR and Colville DCFS), the CASA said communication deteriorated significantly. The CASA office opposed removal of the children from the foster home and questioned the method by which DLR interviewed the children and arrived at their findings.

The removal of the children from this home and the current case plans regarding these children continue to be a source of conflict between DCFS and CASA. Decisions regarding one sibling group in particular have been the source of significant conflict. The CASA office contends communication deteriorated even more when they began having difficulty seeing the children in their new placement. The CASA director said DCFS intended a respite placement to more likely be a permanent placement for two children without benefit of the CASA's input as to what was in the best interest of the children. The director stated the CASA had difficulty accessing the children in their new placement and believed the new foster parents were controlling and unreasonable as they wanted the CASA to make appointments to see the children. However, in the CA review it was determined that records retained by the foster family and DCFS indicate the children were seen by the CASA in their placement 10 times in 8 months.

The CASA director said DCFS did not intervene or assist the CASA in seeing the children in their new placement. The CASA director believed the department sabotaged the CASA's relationship with the children and the foster parents thereby affecting the value of any input they would have in decisions regarding the children. The rift between CASA and DCFS became so significant that in February 2009, CASA filed a temporary restraining order in Spokane County Superior Court to attempt to prevent the adoption of the two children after the children's new foster parents had filed for adoption in that court.⁹

⁸ Revocation as been appealed by the foster family and a hearing before an Administrative Law Judge is pending.

⁹ Once children are legally free and placed in an appropriate home for adoption, it is the adoptive parents and not CA who retains an attorney for the purpose of finalizing the adoption.

Following a recent hearing regarding the adoption stay the attorney representing the CASA's office stated in an e-mail to the Assistant Attorney General, "*Stevens County CASA will not endorse nor will they contest the adoption of the children. For the record, it is our opinion that the CASA access to these children has been so sabotaged by the department that it is futile to pursue any further attempts to find out their true wishes and be of any support for them. That is the basis for our neutrality. We are appalled the department has led these children to believe the CASA removed them from the previous placement and intend to pursue whatever is necessary to clear this record.*"

Another issue the CASA director cited as creating a rift between their office and CA is access to documents in case files. The director said until recently they were able to go to the office and inspect and copy case files as needed for court proceedings, visit with children, families and providers. Recently the DCFS office no longer allows them to inspect the files or make copies as needed because files contain some confidential medical information that may not be shared and attorney client privileged documents. DCFS administrative staff completes all copying for the CASA. The director stated this change in practice adds to the tension and implies trust has deteriorated between the two offices.

When asked what action or measures have been taken to remedy issues between CA and the CASA office, the director stated it was recommended they participate in the program entitled *Table of Ten*¹⁰. This program (facilitated by the University Of Washington School Of Law) focuses on assisting court officers and participants (judges, attorneys, CASA, and CA staff) in developing and enhancing working partnerships. The director stated the initial meetings were positive and seemed to provide a good start to resolving issues. However, it has stalled because either there does not seem to be a commitment to continue working on the issues or time constraints have become a factor. No one has scheduled additional sessions to date.

The CASA director said they continue to be invested in meeting with CA and resolving issues as a means to move forward and partner in ensuring child health and safety.

Children's Administration Staff (Division of Children and Family Services (DCFS) and Division of Licensed Resources (DLR)

In response to Mr. Rasmussen's allegations about the Colville DCFS office, the review team met with CA staff (DCFS staff in Colville and DLR staff in Spokane). Spokane DLR staff investigate allegations of licensing violations and child abuse/neglect allegations in foster homes and other DSHS licensed facilities that care for children. DCFS staff investigate allegations of abuse or neglect in non-licensed families and provide services to families involved in voluntary service agreements, dependencies and adoptions.

¹⁰ Tim Jaasko-Fisher of the University of Washington defines Table of Ten as "... a community focused on developing local leadership in a way that emphasizes a data driven, systems approach to improving outcomes for children and families involved in the child welfare legal system."

On March 25, 2009, the review team met with the CPS and CFWS supervisors in Colville. Both supervisors stated they believed they have positive relationships with most agencies and partners in the community. They spoke directly of law enforcement (all jurisdictions), Kids First (Child Advocacy Center), the Health Department, Domestic Violence Advocates, and Child Protection Team members. They are aware that some relationships may become strained due to the difficult decisions they must often make, but they are optimistic they are creating a culture that supports discussion and promotes consensus. The supervisors expressed frustration that Mr. Rasmussen, while conducting his investigation, had not directly contacted them about his concerns or to request information from them.

Both DCFS supervisors stated they are diligently working on building community relationships and strive to be open to learning about the community's perception of their work. They acknowledged increasing community awareness and education opportunities regarding DCFS' role in the community has occurred, but that more must be done.

The supervisors report they have provided information to law enforcement and the school districts about mandated reporting and hope these training sessions are helpful to both entities. They recently attended the Criminal Justice Training Center's sponsored training on updating and enhancing county protocols for investigating child abuse and neglect. They stated community participation at the three day training included several agencies; however, the Stevens County Prosecutor's office was apparently not able to attend.¹¹

The DCFS supervisors believe it is the current relationship with the Stevens County Court Appointed Special Advocate (CASA) office that is the most contentious at this time. They believe disagreement over several cases and the course of action taken on them, intervention regarding a specific foster home and other related issues has blurred professional boundaries.

Several cases were discussed which they believe were cited in Mr. Rasmussen's letter. The supervisors believe a thorough review of the cases would provide insight into the decisions on each case and demonstrate the office's efforts to ensure child safety, well-being and permanence. The supervisors were open to suggestions on improving practice, developing local leadership and improving community relationships.

DLR staff were interviewed by the review team on April 3, 2009 in Spokane. The meeting primarily addressed issues related to the licensing and CPS investigation of a foster home in Stevens County.

¹¹ In 1999, the Legislature required that each county develop a protocol for investigation of allegations of child sexual abuse. Required participants are the prosecuting attorney, law enforcement, CA and victim's advocate organizations. In 2007, the Legislature further required that the protocols be updated to include physical abuse and neglect cases. RCW 26.44.185. The Criminal Justice Training Center has recently been providing multi-disciplinary training on updating and enhancing the county protocols.

DLR staff stated given the nature of the allegations as to this foster home (health and safety issues, inappropriate discipline, and medical neglect), they consulted with medical professionals as part of their investigation as a means to determine if the children in the foster home were at risk of harm medically or emotionally. DLR consulted with and obtained written information from Dr. Alan Hendrickson¹² and Theresa Forshag, ARNP, who completed well child examinations on the children removed from the home. In addition, they consulted with Dr. Mary Dietzen, Child Psychologist, who reviewed case records of the children removed from the home as well as investigative interviews of the children and foster parents.

DLR staff believed the information they received from medical professionals supported the decision to proceed with revocation of the foster home's license. Affidavits and reports submitted by Dr. Alan Hendrickson, Theresa Forshag, ARNP and Dr. Mary Dietzen, Child Psychologist, were among the documents relied upon by DLR in reaching its decisions on the CPS findings and licensing actions pertaining to this foster home.

Case Summaries

Mr. Rasmussen's letter cited several cases that led him to believe the Stevens County DCFS office was not serving children or families well. In his investigation, Mr. Rasmussen did not request records from the department and did not ask to interview any CA staff.

Mr. Rasmussen's letter referred to a case involving a foster family that resulted in the removal of five dependent children. Mr. Rasmussen states, *"The court characterized this removal as being on a very questionable basis..."* *The court found that the removal by the department was done primarily for financial reasons..."* *"...the court notes its displeasure and sense of outrage at the department's having operated the way it did in removing the children..."* *"...speaks of the department having done a grave disservice to the children."*

The Colville DCFS staff identified the cases Mr. Rasmussen referenced in his letter as the foster home referenced above and three sibling groups of children who were placed in the foster home by DCFS. These children were the subjects of dependency proceedings and had been placed in the care and custody of DCFS by Stevens County Juvenile Court.

Foster Home

Mr. Rasmussen references the removal of five children from this foster home in his letter as *"very questionable"* and as a *"draconian solution."* DCFS removed five foster children from the home after DLR received and investigated several licensing and CPS referrals regarding the care of the children in the home. The action by DCFS was met by significant resistance in the community alleging decisions made were not in the best interest of the children and without the benefit of involved parties, i.e. CASA, child's attorney, and therapists.

¹² Dr. Alan Hendrickson is a board certified pediatrician and Child Protection Medical Consultant for DCFS. Each CA region has a medical consultant with specific expertise in child abuse and neglect available for consultation by DLR and DCFS social workers.

The foster home was originally licensed in May 2001 for three children aged 0-18 and was re-licensed for 7 years prior to the license revocation proceedings. In May 2007, its license was updated to reflect the ability to care for seven children 5-17 years of age. An administrative waiver was approved for seven children based on the fact the foster parents were caring for three sibling groups and the waiver supported keeping the siblings together. The waiver was established for the three sibling groups placed in their home, and the waiver was active for the duration the sibling groups remained in their home.

Prior to 2008, records reflect two licensing complaints were received regarding this foster home. One licensing complaint was received in April 2004 regarding inappropriate discipline of a foster child in their home. This complaint was determined valid. A compliance agreement was developed which stipulated no physical discipline was permissible in regard to foster children placed in the home. The foster parents agreed to use other methods of discipline. In March 2007, a complaint regarding supervision was determined not valid.

Licensing complaints and CPS intakes increased beginning in February 2008. Over the course of the next nine months CA received nine licensing complaints and four DLR/CPS intakes. Of the nine licensing complaints received after February 2008 findings were made on eight of them¹³. Valid findings were made on seven of the eight complaints for issues related to discipline, supervision, health and sanitation, failure to report, character, and nurture/care. Complaint information was received from statements made by the children in the foster home to DCFS social workers and a foster parent. After the initial investigation commenced, social workers and the foster parent reported new information received from the children in the foster home. This information was then called in and new licensing complaints and CPS investigations were generated by DCFS social worker.

Upon receipt of the four DLR/CPS intakes and given the nature of the allegations, DCFS removed five foster children from the home in March 2008 pending the outcome of the investigations. Of the four DLR/CPS intakes, founded findings were made on two of them by the DLR investigators and the remaining two were determined to be unfounded. One founded finding was made on an intake related to dietary restrictions placed on children in the home and is supported by a review of the medical records and medical professionals' (Dr. Alan Hendrickson and Theresa Forshag, ARNP) opinion after examining the children.

During a Multi-Disciplinary Team staffing regarding this intake, Dr. Hendrickson and Ms. Forshag both expressed concern about the weight loss of one of the foster children while in the care of the foster parents. Dr. Hendrickson is reported to have stated he had concerns the diet restrictions employed by the foster parents could have disrupted some of the child's natural growth patterns.

¹³ One complaint was noted as a duplicate of a DLR/CPS intake and no finding was made.

As communication deteriorated, in part because of the investigation by DLR of this foster home, the lack of communication itself became a central issue in this case and many of the concerns were played out through declarations to the court by CASA, DCFS and the attending physician. It is well documented the CASA supported returning the children to the foster home, while DCFS did not agree given the open DLR/CPS investigation regarding the home and the nature of the referrals.

The CASA filed declarations supporting the nutritional care the foster parents exercised while the children were in their home and refuted that the diet restricted their development in any way. DCFS filed a declaration submitted by Dr. Hendrickson, regional medical consultant, in support of its decision to remove the children.

The other founded finding is related to having children eat bugs and snails. This form of discipline was based on the foster parents' belief that if you kill something you must be prepared to eat it. Mary Dietzen, Ph.D. provided a report to DLR after her review of the records, which included both child interviews and foster parent interviews, regarding several issues related to the foster home. Dr. Dietzen concluded that this was not an acceptable form of discipline and the methods of discipline such as this can be detrimental to children.

Additional information from Dr. Dietzen's report to the department during the course of the DLR investigation of this foster home cited concerns regarding disciplinary practices, dietary restrictions and medical neglect regarding two of the foster children. Dr. Dietzen stated, *"With regards to the records there are numerous examples of child maltreatment involving restrictive eating patterns, medical neglect, emotional abuse, and inappropriate discipline."* Regarding the discipline techniques used by the foster parents on another one of the foster children removed from the home, Dr. Dietzen concluded they were *"inappropriate"* and *"not effective"* and that it would *"most likely increase the acting out behavior"* of the child.

Mr. Rasmussen's letter also refers to a Stevens County court decision from July 2008 referencing DCFS' action to vacate the dependency guardianships of two children in the foster home. The department's motion to the court to vacate the guardianships was based on the concerns listed above regarding the treatment and care of the foster children in the home. The judge considered affidavits submitted by therapists, child's legal counsel, and the CASA supporting continued placement and denied the department's request to vacate the guardianship. The judge felt, based on her review of available documents and assorted declarations *"the removal of five children seems a draconian solution to a problem correctable by oversight and counseling from the caseworkers."*

Based upon the findings related to the licensing complaints and CPS intakes, DLR revoked the foster home license effective September 9, 2008. Revocation of the license precluded DCFS from returning the children removed from the home in early March 2008.

In October 2007 the foster family filed a motion to stay the department's Summary Suspension and Revocation of a Foster Care license. The hearing was held before an Administrative Law Judge (ALJ) and the interim order on the stay was denied. The family continues to appeal both founded findings and the revocation of their license. An administrative hearing is scheduled in July 2009.

In additions to the concerns regarding the foster home described above that Mr. Rasmussen raised in his March 18, 2009 letter, he also cited concerns regarding the handling of four other cases by DCFS. These cases were identified by the Colville DCFS office to the review team. Brief summaries follow. The letters used to identify the children are not their actual initials.

A Case

In the letter submitted by Mr. Rasmussen he states *"some actions of the department have had a direct and potentially injurious effect on dependent children. Children have been subject to forensic examination when no allegations of sexual molestation exist to justify such an examination."*

A is a 9 year old child who has been in long term placement and is currently in guardianship status. The child has a history of sexualized behavior which in 2007 required the development of a safety plan as a means to ensure the safety of the other children residing in her home. The safety plan was developed and signed by the foster parents.

Following receipt of CPS allegations regarding the child's foster home in early 2008, DCFS requested that the children in the home have well child exams. The foster parents agreed and the children were examined by pediatrician and CA medical consultant Dr. Alan Hendrickson in Spokane. In preparation for the examination, Dr. Hendrickson was informed of the child's history of sexualized behavior by the foster parent and DCFS, including recent allegations involving another child. Based on this information, the attending physician proceeded to conduct a sexual abuse exam as part of the well child exam to rule out possible sexual abuse. A nurse was present in the room during the examination. The child's caregiver believed the examination was extremely traumatic for the child and did not feel there was sufficient information to suggest the need for the exam.

B Case

Mr. Rasmussen's letter asserts DCFS has misled the parents of dependent children on several occasions. Specifically he stated, *"There exists documentation of department team meetings where department personnel misled parents of dependent children by expressing their intentions about a particular child when the parent was present and then expressing directly the opposite view after the parent left the meeting."* It is believed the case Mr. Rasmussen is referring to is that of B, a 7 year old who has been in foster care for five years due to parental drug abuse and chronic neglect.

Following court proceedings and the completion of a relative home study, DCFS placed B in the care of her paternal grandmother and the grandmother's live-in boyfriend. To support the grandmother in caring for her granddaughter, the child was evaluated by Dr. Robin McCoy, Developmental Pediatrician, at Sacred Heart Hospital in Spokane. Dr. McCoy noted B was making significant progress since placement with her grandmother by participating in the Birth to Three Program and a therapeutic playgroup.

Within seven months of B's placement, DCFS notified the grandmother of the intent to file a petition to terminate the parental rights of B's parents. The grandmother asked to be the adoptive placement for her grandchild at which time DCFS agreed. In December 2004, the grandmother requested assistance from DCFS in addressing B's behavioral issues which included self-injurious behavior on occasion.

As a result of incidents in her grandmother's home, B was placed in a foster home in August 2005. Shortly after placement in the foster home, the foster parents expressed concern about B's relationship with her grandmother and requested that on-going contact be restricted. During health and safety visits to the foster home between November 2005 and January 2006, the DCFS social worker noted that B was making tremendous gains in the care of the foster parents but could still escalate and resort to self-harming behavior, pulling out eyelashes, and pinching herself. The foster parents attributed visits with the grandmother as one of the causes of B's continued outbursts. In early 2006, both the grandmother and the foster parents expressed interest in adopting B.

In March 2008, foster parents called the department and stated they could no longer care for B due to the child's assaultive behavior. A Family Team Decision Meeting (FTDM) was convened by DCFS and it was decided B would be moved to a new foster home while a permanent home that could meet her high level of needs could be located and that an application for Washington Adoption Resource Exchange (WARE) would be made. At this same time the grandmother petitioned the court to be allowed to intervene and again be considered a placement for B.

In May 2008 the previous foster parents notified the department that they wanted B returned to their care given she appeared to be doing so well on her medication.

As a means to assess permanent placement for B the department arranged for the grandmother and the foster parents to engage in a series of evaluations with the Same Page Infant Team in Spokane. The evaluations started during the summer of 2008 and concluded in October 2008. The process involved several psychologists conducting relational evaluations, psychological evaluations, videotaped parent-child interactions/visits and interviews with each person.

Conflict over B's placement continued and in September 2008 a FTDM was convened in an effort to resolve issues and secure a permanent placement for the child. The team agreed visits between the former foster parents, the grandmother and the child would begin once the social worker had the approval of the Same Page Infant Team. The placement decision was to continue B's placement with her grandmother as the adult

most able to meet B's needs. The team stated that it was their belief that the former foster parents should continue to play a critical role in B's life but that it would be unwise to uproot her one more time. They stated that B saw her grandmother as "family" and that they believed the grandmother was able to put B's needs before her own as well as work with the former foster parents and other adults to support B in developing a secure view of the world.

In November 2008, the former foster parent's attorney wrote "*...his clients did not believe that the Infant Team made a decision that was based on [B]'s best interest but was more in tune with what they were requested to find by DCFS. He states that the [foster parent's] do not believe that [the grandmother] will be able to adequately parent [B] and that their home would be the most appropriate and best placement for her*". The letter states that the foster parent's believed they were misled by the department and do not believe the majority of the department's recommendations have been in the child's best interest."

The letter from the former foster parent's attorney further stated: "*The [foster parent's] do not believe [the grandmother] can be trusted and feel that since they cannot trust her or the department they are concerned that having contact with [B] may lead to accusations and allegations that might impact their ability to adopt another child in the future. The [foster parent's] understand that these allegations have caused extreme damage to good foster parents and because of this concern regarding DSHS and [the grandmother, they do not feel that having contact with [B] would be in their family's best interest.*"

B was adopted by her grandmother earlier this year and is reported to be doing well.

C Case

Mr. Rasmussen states, "*CPS workers have engaged in maintaining a plan to unite an abused child with an abusive father even though the child's therapist strongly advised against re-unification. After the therapist made this recommendation, the department sought a different counselor. When this effort was resisted by the CASA, the department cancelled the therapist's contract as a provider.*"

C, a 9 year old boy, and his siblings were placed in out of home care in October 2008 following a referral of physical abuse by his father. All three children were placed in the same home and C was able to continue to attend his school of origin. Visitation with his parents began almost immediately as did recommendation for other services.

In late November 2008, a domestic violence incident was reported to DCFS by the mother and investigated by law enforcement. The incident was sparked by the father of the children missing a telephonic visitation with his children. No charges resulted from this incident. In February 2009, the father pled guilty to the assault on his son in October 2008. His sentence included no jail time as long as he continued to participate in DCFS services.

In January 2009, a FTDM regarding the children's placement and the family's compliance and progress in services was convened. Discussion regarding possible return home occurred as the children were scheduled to change foster homes as a result of the first foster home not being able to continue providing care. The team decision was the children would transition to a new foster home, supervised visitation with parenting support would continue, verification of a domestic violence assessment would be completed and unsupervised visitation would start shortly with parenting assistance occurring in the home during visits.

In February 2009, the assigned CASA notified DCFS they had learned of DCFS' intent to change the child's therapist. The CASA stated the plan developed in court expressly stated the counselor C was to see would be *service provider 1*¹⁴ and they wanted to ensure DCFS was complying with the established court ordered plan. In response to CASA's concern, DCFS confirmed service provider 1 was the intended therapist. However, DCFS subsequently learned the assigned therapist (service provider 1) for the child had been notified they would no longer be eligible to provide services for DCFS clients. Issues related to billing practices had developed and the CA Region 1 Business Manager was not supportive of continued contracting with service provider 1 effective April 2009. This unavoidable action by the Region 1 business office in Spokane prompted a change in therapists for the child.

Despite the change, therapy services continued and the family began unsupervised in-home visits with C in April 2009. On one visit home, C's father was involved in an assault with a neighbor in front of the child. He was later arrested and charged with Assault 4 Domestic Violence as a result of the incident. DCFS immediately stopped unsupervised in-home visitation which had previously not been supported by the CASA.

At this time the children remain in out of home care and C's mother remains engaged in services with a permanent plan for return home to her if the father is no longer residing in the home. Criminal charges and prosecution of the father regarding the April 2009 incident are pending. A new therapist has been identified for C by DCFS.

D Case

In this particular case Mr. Rasmussen reported the following in his March 18, 2009 letter about CA's Colville office. *"I have attached a letter from a physician to Mr. Kretz that documents a very troubling situation. Apparently CPS personnel conveyed information that an infant was born addicted to methamphetamine and other drugs when the workers had a good basis for knowing that such information was false. This misinformation was passed on to medical providers of the infant and ultimately resulted in the infant being placed on a morphine drip. This baby was not addicted to drugs at birth but became addicted as a result of misinformation supplied by DSHS."*

In October 2005, DCFS received an allegation of possible methamphetamine use by both parents of young children. The condition of their home was also a concern to the health

¹⁴ *Service Provider* is used in lieu of contractor's name or initials. Circumstances related to Service Provider 1 and two additional service providers are addressed on page 19 of this report.

and safety of the children residing there. Intervention by DCFS began the day after receiving the report and despite denials by both parents they were using methamphetamine, both tested positive for the drug. The mother of the children stated she had no intention of stopping either her pain medication or marijuana use. Her pain medications had been prescribed by her attending physician, Dr. Barry Bacon, the author of the letter to Representative Kretz.

D was born in mid-2006 and hospital nursing staff noted concerns following the birth of the child. The child was documented by nursing staff as vomiting, fussy, and having difficulty nursing. DCFS staffed the case with a Stevens County Child Protection Team who recommended out of home placement. A Stevens County Superior Court Judge signed an order to remove D from her mother's care one day after the infant's birth and D was placed in foster care. The foster care provider experienced difficulty with the child keeping down formula and it was agreed the child should return to the hospital.

D was transported back to the hospital the same day. Dr. Bacon believed the child should have the mother's breast milk, but hospital staff stated they could not facilitate this unless someone stayed in the room with mother and child or the child was returned to the custody of her mother. The CPS investigator questioned if D should be sent to Sacred Heart Hospital in Spokane. The nursing supervisor contacted Dr. Bacon and was told he did not agree to the child's transfer to Sacred Heart Hospital. However, given the child's condition, DCFS opted to seek a pediatrician's assessment of the child¹⁵ and the decision was made to transport D to Sacred Heart Hospital. D was admitted into the Neonatal Intensive Care Unit there upon arrival.

Subsequently, the CPS investigator spoke with a nurse at Sacred Heart Hospital. She was informed D was in active withdrawal and they started a morphine drip. Hospital staff also stated they do not allow mothers to breast feed children that are going through withdrawal. The medical conclusions and actions of medical staff at Sacred Heart Hospital, who have considerable expertise and experience in treating drug affected infants, are fully documented in their records which are part of D's DCFS file. Sacred Heart Staff used standardized and well recognized medical procedures, including the Neonatal Narcotic Abstinence Scores (NAS) in their diagnosis and treatment of D. NAS is a scoring system used to assess possible infant withdrawals symptoms and when the score increases within a period of time intervention is then recommended.

Dr. Barry Bacon's letter to Representative Joel Kretz dated November 18, 2008 cited specific information regarding the care of his patient, the mother, and infant D. He wrote, *"This patient has occasionally used drugs in the past. During the course of her pregnancy we talked about this frankly and the patient was adamant that she was not misusing any medications. She was, however, received some narcotic pain medications by prescription from me during her pregnancy."*

¹⁵ The Colville medical community does not include a physician specializing in pediatrics as this time. Further, when a child is placed in shelter care with DCFS, the Department has the authority to "authorize evaluations of the child's physical or emotional condition, routine medical and dental examination and care, and all necessary emergency care." RCW 13.34.060(3).

However, the DCFS CPS investigator learned that D's mother self-disclosed to a chemical dependency counselor in a Pre-natal History Questionnaire she used illicit drugs and medication other than that prescribed by Dr. Bacon. Further, medical records obtained by CPS documented D's mother as visiting hospital emergency rooms outside of Colville eleven times during the period of her pregnancy with D and receiving prescription narcotics including Demerol, Hydrocodone, Morphine, Oxycodone, Percocet, Phenergan, and Promethazine. The record does not reflect if this information was ever shared with Dr. Bacon.

Dr. Bacon's November 2008 letter states, *"In spite of my recommendations that the child be left with the mother and in spite of good parent bonding with the child here in the hospital, CPS chose to remove the child from the mother's care."*

Based on information received by CPS from nurses in Colville involved in the infant's care immediately following her birth, it was the decision of the department to exercise its statutory authority and have the child examined by a pediatrician with specific expertise in neo-natal drug exposure and withdrawal and to obtain a second medical opinion as to the child's diagnosis and medical needs. The tests and treatment provided to D were recommended and administered by the attending medical staff at Sacred Heart Hospital based on their medical expertise and judgment and were not done at the insistence of DCFS.

Allegations CA "Shops for Medical Opinions..."

Mr. Rasmussen cites his investigation led him to believe the department has developed a pattern of *"shopping for health care providers and counselors who are supportive of their objectives"*.

Mr. Rasmussen alludes to several situations in which DCFS seeks other medical and therapeutic input on cases. Most notably DCFS sought secondary medical opinions on several children removed from the foster home in the case cited earlier in this report. DCFS staff requested a pediatrician examine the children and review available medical records to assess their health status. It was not the intention of DCFS to obtain a second opinion because they lacked confidence in the local medical providers. Given that the Colville medical community does not have the services of a pediatrician; DCFS believed it would be beneficial to seek an evaluation by a pediatrician specializing in childhood abuse and trauma.

As indicated above, CA has developed a medical consultation network for this specific purpose. Based on lessons learned from previous cases, CA has recommended that social work staff seek medical advice/diagnosis from contracted medical consultants who specialize in children and particularly children who may have suffered non-accidental trauma.

Mr. Rasmussen further states DCFS terminates therapeutic relationships between children and their counselor when the counselor *"fails to support the department's agenda."*

There have been incidences in which children have changed therapists or discontinued seeing their therapist. However, these were the result of contractual issues with the individual provider and not the result of therapeutic disagreements between the provider and DCFS. Notice was provided to ensure closure and transition to another therapist occurred.

The CASA program states services from three therapists have been disrupted and as a result are not in the best interest of the children. Presumably, these are cases referred to by Mr. Rasmussen in his letter. Information obtained from the Region 1 business manager explained the contract decisions as follows.

Service Provider 1 Issue: Service provider 1's contract was terminated due to a long history of billing issues. CA had been dealing for several months with the billing of excessive hours (up to 20 hours in a day) as well as telephonic therapy (which the contract did not allow). In addition, an incident occurred when a client went to service provider 1's residence for therapy and was bitten in the face by service provider 1's dog. DCFS Region 1 Contracts Management decided to end the contract with 30 days notice as required in the contract. The underlying cause for termination of the contract was the unethical billing practices by the provider.

Service Provider 2 Issue: Upon reviewing contracts by Region 1 contract managers it was discovered CA did not have a current signed contract for professional services with service provider 2 for as long as 2 ½ years. Apparently 2 ½ years ago when contract renewal was due, service provider 2 never returned any documents supporting renewal. Unfortunately, Region 1 business manager stated the fiduciary specialists and the contract managers did not notice this (nor communicate that a contract was not signed) and payments continued. Upon learning that there was no current contract in effect, all payments for services billed were ceased and service provider 2 was notified. The business manager stated that the Colville DCFS office area administrator was notified who in turn notified her staff that counseling with service provider 2 was no longer available.

Service Provider 3 Issue: Service provider 3 is a licensed therapist for an agency in Stevens County and is also a licensed foster parent. Once the Colville office became aware of CPS issues regarding service provider 3, concerns regarding her ability to continue to provide therapy for children in DCFS custody were raised and discussed. At a community meeting, the agency approached the DCFS area administrator and asked about the circumstances surrounding the findings regarding service provider 3. The area administrator stated the department would prefer that any new referrals to their agency from DCFS not be assigned to this therapist while the issues were pending. The agency director agreed to this request at that time.

A follow up meeting requested by the agency director occurred in February 2009 and included her supervisors as well as DCFS supervisors and the DCFS area administrator. At this time, it is the understanding of the review team that service provider 3 is not being

assigned new DCFS referrals, but that where the need continues; service provider 3 does see DCFS children that were part of their caseload prior to the DLR investigation.

The review committee appreciated the opportunity to review case specific practice and community relations in the Colville DCFS Office as referenced in Mr. Rasmussen's letter. Children's Administration values the community's commitment to ensuring the health, safety and welfare of its children. We recognize there is much work to be done and are supportive of the recommendations made by both community and care providers. We look forward to building strong partnerships within Stevens County as a means to ensuring child safety and building strong families.

Appendix A

Interviews Conducted

1. Captain Michael George – Stevens County Sheriff's Office
2. Susan Wellhausen – Stevens County Public Health – Early Intervention Program
3. Bob Cameron – Nine Mile School District Counselor and CPT Chair (southern Stevens County)
4. Patricia Markel – Director Stevens County CASA
5. Greg Rolstad – Stevens County Juvenile Probation
6. Nancy Foll – Executive Director Child Advocacy Center – Stevens County
7. Lynn Guhlke – New Alliance (counseling services) Clinical Director
8. Leslie Mann – New Alliance – Youth Services Supervisor
9. Sue Martens – Family Preservation Services Provider
10. Relative Care Provider - A
11. Foster Parents - B
12. Relative Care Provider - C
13. Foster Parents - D
14. Foster/Adopt Parents - E
15. Foster Parents - F
16. Richard Klemmer – CA Business Manager – Region 1
17. Connie Morlin – DLR Area Administrator – Region 1
18. Ron Stewart – DLR/CPS Supervisor – Region 1
19. Jeff Kincaid – DLR Supervisor – Region 1
20. Shannon Owings – DLR/CPS Investigator – Region 1
21. Richard Michelotti – DLR/CPS Investigator – Region 1
22. Kris Randall – Area Administrator – Stevens, Pend Orielle and Ferry Counties
23. Wendy Pratt – CFWS Supervisor – Colville
24. Theresa Brooks – CPS Supervisor – Colville
25. Angela Newport – CPS/CWFS Supervisor – Colville
26. Jackie Birch – CFWS Social Worker – Colville
27. Tawana Swanson – CFWS Social Worker – Colville
28. Cheryl Grimm – CPS/CFWS Social Worker – Colville